

## Application For A Zero Emission Vehicle Fleet Incentive Grant: Applicant Information and Project Proposal (Form A)

## District:

**ARB USE ONLY** 

Project Size:

Eligibility:

## Fall/Winter 2002 Solicitation

This form must be completed by all applicants.

Complete and submit with required documents to:
California Air Resources Board, MSCD/ZEV
Attention: Program Manager, Fleet ZIP
P.O. Box 2815, Sacramento, California 95812

**PURPOSE**: Information contained in Form A and, if applicable, Form B will be used by the Air Resources Board for determining applicant eligibility, to evaluate and rank projects, approve grants, process grant allocations and to prepare Information Returns (Form 1099).

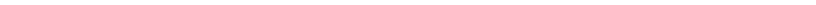
A. APPLICANT INFORMATION	ON						
Applicant:							
Mailing Address:							
City:		County:				State:	ZIP Code:
Street Address (If different):							'
City:		County:				State:	ZIP Code:
Contact Person:			Titl	е			
Telephone:	FAX:				E-Mail		
Secondary Contact Person:							
Telephone:	FAX:				E-Mail		
Type of Applicant (Check one	only):						
					n-Profit Orga		
□ Federal Government Ager	ncy (Form B a	ISO	□ Corporation/Business				
required)  State Government Agency	/ (Form B also	required)	<ul><li>Sole Proprietor</li><li>Partnership, Estate or Trust</li></ul>				
□ Local Government Agency		required)	_	ı aı	петэпр, сэ	iale or Trus	51
Taxpayer ID Number (Require			California Business License Number:				
B. PROJECT PROPOSAL SU	JMMARY						
Total Grant Amount Requested (\$):					of Vehicles lalso required	•	for the Project (If 11 or over,
Will project vehicles be allocat	ted to a fleet o	perator other	er tha	an th	e Applicant?	(If yes, sl	kip section C and D on this
form and complete Form B. If	no, continue	completing	Form	1 A)	□ No □	Yes	

Primary Type of Vehicle Application/Use (Check	one). $\Box$ C	n Public Roads	□ Off	Public Roa	ds	
If planned use of project		olic roads is grea	ter than 50%	of total proi	iect vehicle n	niles, please describe
the environment or setting						
transportation replaced.					•	
Number of Light-duty Ve	hicles in Existin	g Fleet(s) (total a	and by fuel ty	pe):		
	gasoline or	1	alternative	7	hatten	v electric
Total =	diesel	+	fuel	+		fuel cell
Brief description of applic	cant's primary fu	unction nurnose	or nature of	hueingee a	nd general g	engraphic area of
service:	cant's primary it	unction, purpose,	or nature or	Dusiliess al	nu general g	eographic area or
001 1100.						
Summary of proposed pr	roject (include id	dentity of other fla	et onerators	nroject an	als and the	nlanned fleet
applications that the proj			cet operators	, project go	ais, and the p	piariried fieet
		, .				
C. PROPOSED GARAC	SING LOCATIO	N(S), SERVICE	AREA AND	COMMUNI	TY BENEFIT	INFORMATION
	Gar	aging Location	s) of Projec	t Vehicles:		
						Meets
						EJ Criteria per State
Facility Name and Oth	4 . 4 . 1 . 1	014		<b>0</b> 4	710.0 - 1 -	of Local Contact
Facility Name and Str	eet Address	City	(	County	ZIP Code	Yes or No
le any gereging						
Is any garaging	161 1 .		1) '( ' '			
location a private					e or is not me	et for any garaging
	location, does	mental justice (E it meet alternativ f yes, attach supp	e EJ criteria?	?		

Describe geographic area to be served by project vehicles (e.g., within 10 mile radius of garage location; all or part of service area):							
	ito be served in an area t ) and attach supporting d		)	•			
□ No □ Yes	□ Partial inclusion	□ Local EJ c	riteria not available	■ Meets alterna	ative EJ criteria		
Will project vehicles re	place existing light-duty v	vehicles?		□ No □ Ye	S		
D. PROPOSED PROJ	ECT VEHICLE INFORM	ATION AND G	BRANT REQUESTS	Tatimate d	Cront		
Make	Model and Year	Number of Vehicles	Purchase (P) Lease (L) – Number of Months	Estimated Cost Per Vehicle (MSRP)	Grant Request Per Vehicle (\$)		
	sipated that all project veh d projected date of placer			hased schedule, p	olease provide		
	unction(s) of proposed pree commute, rental, taxi c	•	, -	al delivery route,	business-		
Identify how the propo	sed project will be funded	d (include both	the vehicles and the in	frastructure).			
	harging strategy for the p chargers and new and ex			argers proposed to	o be installed,		

Estimate of miles to be traveled by all project vehicles:							
miles	average daily		miles	average monthly		miles	average annual
Estimate of vehicle use (as percent of average annual miles traveled):							
% freeway	÷ %	on public stree (non-freeway)		%	off public streets	s =	100%
E. PUBLIC EDUCATION							
Describe any public educational or outreach components included in the project.							
F. PROJECT PARTNERSHIP INFORMATION							
Do Project Partnerships ex	xist?	ATION  No	Yes (P	lease identify a	and describe contr	ibution	s below.)
Do Project Partnerships ex	xist? ject Partners	□ No □			Contributions	ibutions	s below.)

Are the Project Partners' proposed	contributions nec	essary	for a succe	ssful project?   No Yes			
If yes, please explain.		_					
G. ADDITIONAL INFORMATION:							
Provide any additional information t	hat you think will	be use	ful in evalua	ating your proposal.			
H. CERTIFICATION OF INFORM	IATION						
		the re	auirement	ts and criteria stated in the program			
				sources Board and that all information			
	•	•		sources Board and attachments are true			
and correct.	rm A սոս, ւյ սբ <sub>յ</sub>	μιταν	ie, Porm D	y supplements and attachments are true			
una correct.							
Applicant or Authorized Representa	ative (Please Print	t):	Title:				
	•	,					
Signature:			Date:				
	FOR	ARB U	SE ONLY				
Proposed Project Size:	Score:	Rank		Grant Award/Allocation			
☐ Community ☐ Fleet				□ None □ District □ State at-large			
	Α	PPRO	VALS				
Grant Approval Number:			Grant Amount:				
Printed Name:			Title:				
Times rame.			11.00				
Program Manager Signature:			Date				
i rogram manager eignatare.			Date				
Printed Name:			Title				
Fillited Name.			Tiue				
Signature:			Date:				



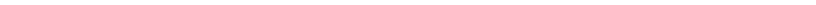


## Application For A Zero Emission Vehicle Fleet Incentive Grant: Supplemental Information (Form B)

ARB USE ONLY

Form B is required if applicant is a federal or state agency, the proposed project consists of 11 or more vehicles, or the proposed project vehicles will be allocated to a fleet operator other than the applicant.

Applicant:	Contact Name and Telephone:					
A. PROJECT ADMINISTRATION INFORMATION AND IMPLEMENTATION STRATEGY						
Describe how the proposed project will be administered	ed.					
Identify how the proposed project will be funded (inclu	Identify how the proposed project will be funded (include both the vehicles and the infrastructure).					
Briefly describe any agreements, orders or commitme documents).	ents for proposed project vehicles (attach copies of relevant					



B. INFORMATION ON VEHICLES ALLOCA entity):	TED TO OT	HER ENTITY (Co	omplete a s	eparat	e sheet for each
Entity:					
Mailing Address:					
City:	County:		Stat	e:	ZIP Code:
Contact Person:		Title:			
Telephone Number:	FAX:	E-mail:			
Entity's primary function, purpose, nature or b	ousiness and	d geographic area	a of service:		
Type of Entity (Check one only):		□ Non-Profit C	Organization	<u> </u>	
□ Federal Government Agency		□ Corporation			
<ul><li>State Government Agency</li><li>Local Government Agency</li></ul>		<ul><li>Sole Proprie</li><li>Partnership,</li></ul>		rust	
Taxpayer ID Number (If applicable):		California Busin	ess License	Numb	er:
Number of Vehicles in Existing Fleet:					
Total = gasoline or deisel	+	alternative fuel	+		battery electric or H2 fuel cell
GARAGING LOCAT	TON OF AL	LOCATED PROJ	ECT VEHIC	` '	
Facility Name and Street Address	City	Cou	inty	ZIP Code	Meets EJ Criteria per State of Local Contact Yes or No
, , ,		•	,		ilable or is not met for
residence? any □ No □ Yes	garaging id	ocation, does it me	eet aiternati	ve EJ c	criteria?
□ \ dev	/eloped).	yes, attach suppo	•		•
Describe geographic area to be served by preservice area):	oject vehicle	es(e.g., within 10 r	mile radius o	of gara	ge location; all or part of
Is the geographic area to be served in an are applicable response(s) and attach supporting			ntal justice	criteria'	? (Please check all that
☐ No ☐ Yes ☐ Partial Inclusion	☐ Local	EJ criteria no ava	ailable 📮	Meets	alternative EJ Criteria

(Continues on next page)

PROJECT VEHICLE ALLOCATION							
Make	Model and Year:	Number of Vehicles	Purchase (P) Lease (L) - Number of Months	Estimated Cost per Vehicle (MSRP)	Grant Request per Vehicle (\$)		
By what date is it antic number of vehicles and				If a phased schedule	e, please provide		
Trainibol of Vollidios and	a projectica date of	placement for ea	aon phase.				
Describe the primary for				e, local delivery rout	e, business-		
related travel, employe	e commute, rental	l, taxi or shuttle s	ervice):				
Describe the vehicle of	haraina atratagy fa	er the project (incl	udo the number of no	w chargora proposa	t to be installed		
Describe the vehicle of the number of existing					i to be installed,		
Estimate of miles to be	traveled by all pro	 piect vehicles:					
miles	average daily	miles	average monthly	miles	average annual		
Estimate of vehicle use	e (as percent of av	erage annual mile	es traveled):				
% free	eway +		lic streets + eeway)	off public	streets = 100%		
Describe any educatio	nal or outreach to	be performed by	the participating entity	<i>1</i> .			